

AO83 (Rev. 12/85) Summons in a Criminal Case

UNITED STATES DISTRICT COURT

DISTRICT OF

DELAWARE

UNITED STATES OF AMERICA

V.

EVA GODSELL

SUMMONS IN A CRIMINAL CASE

Case Number: CR 06-117-UNA

Middletown, DE 19709

(Name and Address of Defendant)

REDACTED

YOU ARE HEREBY SUMMONED to appear before the United States District Court at the place, date and time set forth below.

Place J. Caleb Boggs Federal Building 844 North King Street Wilmington, Delaware 19801	Room Magistrate Ctrm # 6C, 6 th Floor
Before: Honorable Mary Pat Thyng, U.S. Magistrate Judge	Date and Time November 2, 2006 at 1:00 PM

** Please report to the U.S. Marshal's office Rm #100 by NOON

To answer a(n)

☒ Indictment ☐ Information ☐ Complaint ☐ Violation Notice ☐ Probation Violation Petition
Charging you with a violation of Title 26 United States Code, Section(s) 7206(1)

Brief description of offense:

FILING A FALSE TAX RETURN

FILED
 OCT 31 9 33 AM '06
 U.S. DISTRICT COURT
 DISTRICT OF DELAWARE

 BY:  ; Deputy Clerk
 Signature of Issuing Officer

 October 26, 2006 at Wilmington, DE
 Date

 Peter T. Dalleo; Clerk of Court
 Name and Title of Issuing Officer

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RETURN OF SERVICE

Date

Service was made by me

Check one box below to indicate appropriate method of service



Served personally upon the defendant at:

cert mail

Left summons at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein and mailed a copy of the summons to the defendant's last known address.

Name of person with whom the summons was



Returned unexecuted:

Returned

Date

10-30-06

Name of United States Marshal

(by) Deputy United States Marshal

Remarks:

¹ As to who may serve a summons, see Rule 4 of the Federal Rules of Criminal Procedure.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Eva Godsell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Eva Godsell</i> C. Date of Delivery <i>1/27/06</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Eva Godsell</p> <p>Middletown, DE 19709</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7004 1160 0006 7939 9286</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

PS Form 3800, June 2002 See Reverse for Instructions

Sent To: _____
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

Eva Godsell
Middletown, DE 19709

Postmark Here

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60761 USE

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Total Postage & Fees \$ _____
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Certified, _____